

PHC DISTRIBUTION CO INC
Direct Deposit Enrollment Form

To enroll in Direct Deposit, simply fill out the requested information and return this form to the Payroll Dept. Supply a voided check or deposit slip for each account listed below. This will help ensure that you are paid correctly.

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereafter "Bank"). Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name _____ Date _____

Social Security # _____

Employee Signature: _____

ACCOUNT INFORMATION:

You may choose up to three accounts. (Your last item must be for the remaining amount owed to you.)

1) Bank name/City/State SEFCU, Albany, New York

() Checking () Savings ABA # (Routing Number) 2 2 1 3 7 3 3 8 3

Amount \$ _____ Account Number _____

2) Bank name/City/State SEFCU, Albany, New York

() Checking () Savings ABA # (Routing Number) 2 2 1 3 7 3 3 8 3

Amount \$ _____ Account Number _____

3) Bank name/City/State SEFCU, Albany, New York

() Checking () Savings ABA # (Routing Number) 2 2 1 3 7 3 3 8 3

Amount \$ _____ Account Number _____